

To the tub doesn't close. The waterspots (2) on the ceiling in my bathroom which I showed to them when I moved in on the drop ceilings still aren't repaired. I am also going to pursue a restraining order against Frances and Charlene Dussault for the assault as well as stalking and filming me in the driveway when the pest control people came as the infestation problem persists in the building. Your attention to these matters is greatly appreciated. I would like repairs done and to pay my own electricity to retain my assistance. Thank you,
Margaret Hris

U.S. Department of Housing
and Urban Development
Office of Fair Housing
and Equal Opportunity

OMB Approval No. 2529-0011 (Exp. 09/30/2018)

**Filing Discrimination
Complaint**

Fill in, type or print this form - Do not write in shaded area

Reporting Burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2529-0011), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Instructions: Read this form and the instructions on reverse carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in persons or mailed to the Regional Office covering the State where the complaint arose (see list on back of form), any local HUD Field Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington D.C. 20410.

This section is for HUD use only.

Number:	(Check <input checked="" type="checkbox"/> applicable box): <input type="checkbox"/> Referral and Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	Signature of HUD personnel who established Jurisdiction:
Filing Date:			

1. Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)
Mrs. Margaret P. Ms. Home Phone: (603) 858-3278 Business Phone: ()

Street Address (city, county, State and zip code)
P.O. Box 10023 Bedford, N.H. 03110

2. Against whom is this complaint being filed? Name (last name, first name, middle initial)
Dussault Family Revocable Trust Phone Number: ()

Street Address (city, county, State and zip code)
45 Lynchville Park Goffstown, NH 03045

Check the applicable box or boxes which describe(s) the party named above
☐ Builder ☒ Owner ☐ Broker ☐ Salesperson ☐ Supt. or Manager ☐ Bank or Other Lender ☐ Other

If you named an individual above who appeared to be acting for a company in this case, check ☒ this box and write the name and address of the company in this space:

Name: Sean E. Curtan Attorney Address: P.O. Box 3043 Manchester, NH 03105
NHBA # 8771

Name and identify others (if any) you believe violated the law in this case
Frances Dussault Charlene Dussault Joanne Dussault

3. What did the person you are complaining against do? Check ☒ all that apply and give the most recent date these act(s) occurred in block No. 6a below.

☒ Refuse to rent, sell, or deal with you ☐ Falsely deny housing was available ☐ Engage in blockbusting ☐ Discriminate in broker's services
☒ Discriminate in the conditions or terms of sale, rental occupancy, or services or facilities ☐ Advertise in a discriminatory way ☐ Discriminate in financing ☒ Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law
☒ Other (explain) Eviction due to rent withholding for repairs
☒ Other (explain) misrepresented about bug infestation caused me to lose electrical assistance

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check ☒ all that apply:

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Religion (specify) <u>Roman Catholic</u>	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Handicap <input checked="" type="checkbox"/> Physical <input checked="" type="checkbox"/> Mental <u>Deaf in left ear</u>	<input checked="" type="checkbox"/> Familial Status <u>Single</u> <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input checked="" type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> American <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Indian or Alaskan Native <u>Eastern European</u>
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5. What kind of house or property was involved? <input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input checked="" type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)	Did the owner live there? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property: <input type="checkbox"/> Being sold? <input checked="" type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county, State and zip code) <u>102 Putnam Street Manchester, NH 03102 Hillsborough County</u>
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. **Note:** HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.
renting Joanne lied and said her mom got my electrical assistance notice her mom had unwanted physical contact with me had to call police verbal assault negligent landlord doesn't return calls or texts to maintain the property
wasn't given insect disclosure per NH law before

6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)

I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.
Signature and Date: M. Margaret P. Ms. 11/1/18

Southern NH Services, Inc. / Rockingham Community Action

04/13/2018

Southern NH Services, Inc. / Rockingham Community Action
Box 5040
Manchester, NH 03108-5040

Margaret Kris
90 Notre Dame Ave Apt 1
Manchester, NH 03102

Date : 04/13/2018
Case : E4-1617-00214979

Dear Margaret Kris,

This letter is to notify you that you are no longer eligible to receive benefits under the New Hampshire Electric Assistance Program. We have notified your electric company to discontinue your participation in the program effective 04/01/2018. Your removal from the Program was based on the following reason (s):

_____ Your household income is higher than allowable program income guidelines.

_____ You have not provided this office with the required eligibility information/documentation to re-certify your application for assistance.

_____ You have moved from your present location and no longer receive your electricity from your utility.

✓ Other: **ELECTRIC ACCOUNT INACTIVE**

If you have moved to another address or utility service area within the State of New Hampshire you may still be eligible to receive Program benefits. Please contact your local Community Action Agency to determine whether or not you are eligible to continue on the Program.

If you do not agree with the above determination, you have the right to appeal this decision. To begin an appeal, you must contact the Director of the Electric Assistance Program of your local Community Action Agency at the telephone number or address listed above **within 10 calendar days of the receipt of this notification letter.** This contact may be made over the telephone, in person or in writing. Contact with your local CAA Electric Assistance Program Director is **required** before an appeal will be considered by the Public Utilities Commission.

Please see the attached Electric Assistance Program Appeals Procedures.

Appeal Procedures Electric Assistance Program

Any applicant/participant who has a grievance concerning denial of benefits, removal from the EAP or placement on the waiting list may file an appeal of the decision.

The CAA shall provide written notification of the denial of benefits, removal from the program or the placement on the waiting list to all EAP applicants/participants. All EAP applicants/participants shall be provided, in writing, with information as to the EAP Appeal Procedures.

The written notification to EAP applicants/participants who have been denied benefits, removed from the program, or placed on the waiting list shall include the following:

A brief statement of the reason(s) for denial of benefits, removal from the program, or placement on the waiting list;

The right to appeal this decision; and

A brief explanation of the EAP appeal process including how to file the appeal.

Upon notification that an appeal is in process, the Program Administrator will not remove the participant from the program. Nor will the CAA de-obligate any funds pending the outcome of the appeal.

Step 1

The applicant/participant shall contact the CAA EAP Director to initiate the appeals procedure. This exchange may occur either over the phone, in-person or in writing, but must occur within ten calendar days of the applicant/participant's receipt of the written notification as to their program status. The notification shall specify that the discussion with the CAA EAP Director is required.

During the discussion between the applicant/participant and the CAA EAP Director, the applicant/participant will have an opportunity to express his or her concerns and issues. The CAA EAP Director shall review and attempt to resolve the dispute. The CAA is responsible for documenting the results of the call or visits. The documentation should contain information relative to the eligibility requirements or benefit determination.

The CAA EAP Director shall notify the applicant /participant of the decision in writing within 10 calendar days of the contact by the applicant /participant.

The CAA EAP Director shall notify the Program administrator that an appeal has been filed and of the results of step one of the appeals process.

If the applicant/participant is not satisfied with the results of Step One of the appeals process, the CAA EAP Director shall notify the applicant/participant verbally and in writing of his/her right to appeal the decision to the Public Utilities Commission.

Within 10 calendar days of receiving the written notice of decision from the CAA EAP Director, the applicant/participant may submit an appeal to the Public Utilities Commission's Consumer Affairs

The appeal process shall consist of a review by the Commission's Consumer Affairs Division to determine whether the CAA EAP Director's decision is correct. The review process includes the following:

Upon receipt of the applicant/participant's oral or written appeal, the Consumer Affairs Division will notify the Program Administrator that an appeal has been submitted. The Program Administrator shall provide the Commission with any information required to review the appeal.

The Consumer Affairs Division will review the information received from the Program Administrator.

The Consumer Affairs Division will inform the applicant/participant that he or she may review the information sent by the Program Administrator. The applicant/participant shall also be notified of his or her right to provide additional information, either orally or in writing.

The Consumer Affairs Division shall review the information provided by all parties and determine whether the decision was made in accordance with the EAP rules and policies. (In appeals involving allegations of fraud, the Program Administrator has the burden of demonstrating willful intent to misrepresent or defraud.)

The Consumer Affairs Division will notify the applicant/participant, the CAA EAP Director and the Program Administrator of the outcome of its review. Such notification may be made verbally or in writing and will generally be provided within 10 calendar days of the Commission's receipt of the appeal. All decisions made by the Consumer Affairs Division are final.

Southern NH Services/Rockingham Community Action

Date: April 30, 2018

Dear: Margaret Kris

In order to complete your application we need the following information:

1. SSDI Benefits letter or bank statement showing deposits
2. Electric bill

Your application cannot be processed unless this information is forwarded to us by May 6, 2018. If we do not receive this information before this date, your application will be denied for insufficient documentation.

*****It is the client's responsibility to provide the documentation needed to complete their application*****

Please make sure that you have the applicant's name on any documentation you give us.

Client Signature

You may mail, fax, or email the documentation to my attention:

Attn: Michele Mirasolo Telephone (603) 647-4470 Ext. 6056

Address: 160 Silver St, Manchester NH, 03103

E-mail: mmirasolo@snhs.org

Fax#: (603) 647-7188

For Office Use Only:

Date of Call _____ Comment: _____

Date of Email _____

Date 2nd Letter Mailed _____

Residential Lease Agreement

THIS AGREEMENT, entered into this 15th day of September, 2017,
 by and between Frances Dusseault, Lessor, hereinafter called "Owner", and
Margaret P. Kreis Telephone: 603-858-3278
 Lessee(s), hereinafter called Renter(s)".

WITNESS that for and, in consideration, of the payment of the rents and the performance of the covenants contained on the part of the Renter(s), said Owner does hereby lease unto Renter, and Renter hires from Owner for use as a residence, those premises described as:
 A 2 bedroom residential apartment located at 102 Putnam Street, 1st floor, Mis Manchester, NH 03102 Hillsborough County, State of New Hampshire for a year to year tenancy from September 15, 2017 to September 15, 2018 at a rental rate of \$1,400.00 (Twelve Hundred Sixty Six) dollars per month, payable in advance on the 1st of each month and every month.

Monthly Rent check payable and mailed to:
Frances Dusseault
616 Mast Road
Manchester, NH 03102

Security Deposit: Security deposit shall be \$ 1,100.00 (Eleven Hundred) dollars and is payable before occupancy.

Total rent and security deposit due: \$ 1,400.00 (Fourteen Hundred) dollars.
Additional \$100.00/mo for 6 months toward security deposit

Early Occupancy:

Renter may take beneficial use of the apartment on this date N/A, 20 .
 All terms of this rental agreement will be in full force and effect.

Parking Space(s): Renter shall have use of 1 designated parking space(s) in driveway. Renter shall not encroach into adjacent parking spaces and shall ensure other tenants are not obstructed of such parking due to Renter's actions or inactions.

License Plate Number 415-3347

License Plate Number

CAR MAKE: Kia

MODEL: Spectra (Blue)

TERMS AND CONDITIONS:

Occupants: The said premises shall be occupied only by Renter(s) and their dependents.

Default of Rent: A fee of \$35 will be charged for rent paid after the 7th of the month. If Renter fails to pay rent when due, or perform any term hereof, after not less than fourteen (14) days written notice of such default will be given in the manner required by law. Owner, at her option, may terminate all rights of Renter hereunder, unless Renter, within said time, pays rent overdue. A fee charge of \$35.00 will be assessed for every returned check due to insufficient funds. If Renter abandons or vacates the premises, while in default of the payment of rent, Owner may consider any property left on the premises to be abandoned and may dispose of the same in any manner allowed by law. Renter agrees to hold harmless the Owner for the removal and disposal of all abandoned property left on the premises.

Heat, hot water, and electricity is supplied by the owner

Utilities: Renter shall be responsible for the activation and payment of all utilities and services, except water and sewer, which shall be paid by Owner. Renter shall transfer electric and natural gas service into Renter's name upon execution of this agreement.

Residential Lease Agreement

Upkeep of Premises: Renter shall keep and maintain the premises in a clean and sanitary condition at all times, and upon the termination of the tenancy shall surrender the premises to Owner in as good condition as when received. **Renter agrees to keep all landings, Hallways, and Stairs clear of clutter and debris. Renter shall be responsible to maintain heat within the residence to prevent freezing of pipes. Renter shall keep front doors closed at all times.**

Assignment and Subletting: Renter shall not assign this Rental Agreement, or sublet or grant any concession or license to use the premises or any part thereof.

Quiet Enjoyment: Owner covenants that on paying the rent and performing the covenants herein contained, Renter shall peacefully and quietly have, hold, and enjoy the premises for the agreed term.

Use of Premises: The premises shall be used and occupied by Renter exclusively as a private single family residence, and neither the premises nor any part thereof shall be used at any time during the term of this Rental Agreement by Renter for the purpose of carrying on any business, profession, or trade of any kind, criminal activity, or for any purpose other than as a private single family residence. Renter shall comply with all the sanitary laws, ordinances, rules, and orders of appropriate governmental authorities affecting the cleanliness, occupancy, and preservation of the premises, and the sidewalks connected thereto, during the term of this Rental Agreement. Renter shall not distribute keys to persons not entitled to use of the premises and shall be responsible for losses to Renter and Owner as arising as a result of such distributions to unauthorized persons.

Condition of Premises: Renter stipulated that he has examined the premises, including the grounds and all buildings and improvements, and that they are, at the time of this Rental Agreement, in good order, repair, and a safe, clean, and tenantable condition.

Renter's Insurance: It is recommended that the Renter purchases a renter's insurance policy. Renter hereby indemnifies and holds harmless Owner for losses and damages incurred by Renter or Renter's guests, in addition, Owner is not responsible for Renter's personal property in any dollar amount.

Accesses Prohibited: Renter shall not have rights to store items or access the building basement, garage, attic, or other locked areas without express Owner permission on a case by case basis.

Right of Entry: Owner reserves the right to enter the premises at all reasonable hours for purpose of inspection, and whenever necessary to make repairs and alterations to the premises. Renter hereby grants permission to Owner to inspect and show the premises to prospective purchasers, mortgagees, tenants, workmen, or contractors at reasonable hours of the day. At a minimum, inspections shall be performed once yearly at the time of renewal. Owner or his agent shall have the privilege of displaying the usual "For Sale", "For Rent", or similar signs on the premises.

Governing Law and Severability: This contract shall be governed by and be enforceable under the laws of the State of New Hampshire. Should any clause of this contract conflict with applicable law or otherwise be judged unenforceable, this shall not affect other provisions of this contract which can be given effect without such conflict. The provisions of this contract are hereby declared severable.

Waiver: The Owner may periodically waive specific provisions of this Rental Agreement at the Owner's sole discretion without creating precedent or otherwise prejudicing Owner's rights under the Rental Agreement. All provisions shall remain in full force and effect unless revised in writing by Owner and Renter.

Request for Tenancy Approval Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(exp. 09/30/2017)

Public reporting burden for this collection of information is estimated to average .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The Department of Housing and Urban Development (HUD) is authorized to collect information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the data on the family's selected unit is mandatory. The information is used to determine if the unit is eligible for rental assistance. HUD may disclose this information to Federal, State, and local agencies when relevant civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher assistance.

1. Name of Public Housing Agency (PHA) Manchester Housing and Redevelopment Authority			2. Address of Unit (street address, apartment number, city, State & zip code) 102 PUTNAM ST. 1ST FLOOR MANCHESTER, NH: 03102				
3. Requested Beginning Date of Lease 9/15/17	4. Number of Bedrooms 2	5. Year Constructed 1890	6. Proposed Rent \$1400.00	7. Security Deposit Amt. \$1400.00	8. Date Unit Available for Inspection 9/11/17		
9. Type of House/Apartment <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Semi-Detached / Row House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Garden / Walkup <input type="checkbox"/> Elevator / High-Rise 60 3 STORY WINE UNIT BUILDING							
10. If this unit is subsidized, indicate type of subsidy <i>N/A</i> <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Section 236 (Insured or noninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Home <input type="checkbox"/> Tax Credit <input type="checkbox"/> Other (Describe Other Subsidy, Including Any State or Local Subsidy) _____							

11. Utilities and Appliances

The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and appliances provided by the owner.

Item	Specify fuel type	Provided by	Paid by
Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	O	O
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	O	O
Water Heating	<input checked="" type="checkbox"/> Natural gas <input type="checkbox"/> Bottle gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal or Other	O	O
Other Electric	<i>all own</i>	<i>N/A</i>	<i>N/A</i>
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

Owner's Certifications.

The program regulation requires the PHA to certify that the rent charged for the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1. 102 E Putnam St.	4/1/17	\$1300 ⁰⁰ mo. Tenant pays utilities
2. 106 Putnam St.	6/1/17	\$1600 ⁰⁰ mo. Tenant pays utilities
3. 102 E Putnam St 2nd FLR	6/1/17	\$1,200 ⁰⁰ mo. Tenant pays utilities

b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

c. Check one of the following:

☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.

☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.

☒ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's own responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family as to whether or not the unit will be approved.

Print or Type Name of Owner/Owner Representative

Print or Type Name of Household Head

FRANCES L DUSSECAULT

MARGARET P KRIS

Signature

Signature (Household Head)

Frances L. Dusseault

Margaret Kris

8/30/17

Business Address

Present address of family (street address, apartment no., city, State, & zip code)

45 Lynchville Pk Road, Goffstown NH 03045

90 NOTRE DAME AVE 1ST FLR
MANCHESTER, NH 03102

Telephone Number

Date (mm/dd/yyyy)

Telephone Number

Date (mm/dd/yyyy)

603-623-7893

(603)858-3278

Owner's Email address:

plblais12@comcast.net

3rd RFTA 8/30/17

Fair Housing Amendments Act of 1988 Provide?

- The Fair Housing Act declares that it is national policy to provide fair housing throughout the United States and prohibits eight specific kinds of discriminatory practices in housing if the discrimination is based on race, color, religion, sex, handicap, familial status or national origin.
1. Refusal to sell or rent or otherwise deal with a person.
 2. Discriminating in the conditions or terms of sale, rental, or occupancy.
 3. Falsely denying housing is available.
 4. "Blockbusting"—causing person(s) to sell or rent by telling them that members of a minority group are moving into the area.
 5. Discrimination in financing housing by a bank, savings and loan association, or other business.
 6. Denial of membership or participation in brokerage, multiple listing, or other real estate services.
 7. Interference, coercion, threats or intimidation to keep a person from obtaining the full benefits of the Federal Fair Housing Law and/or filing a complaint.

What Does the Law Exempt?

The first three acts listed above do not apply (1) to any single family house where the owner in certain circumstances does not seek to rent or sell it through the use of a broker or through discriminatory advertising, nor (2) to units in houses for two-to-four families if the owner lives in one of the units.

What Can You Do About Violations of the Law?

Remember, the Fair Housing Act applies to discrimination based on race, color, religion, sex, handicap, familial status, or national origin. If you believe you have been or are about to be, discriminated against or otherwise harmed by the kinds of discriminatory acts which are prohibited by law, you have a right, within 1 year after the discrimination occurred to:

1. **Complain to the Secretary of HUD** by filing this form by mail or in person. HUD will investigate. If it finds the complaint is covered by the law and is justified, it will try to end the discrimination by conciliation. If conciliation fails, other steps will be taken to enforce the law. In cases where State or local laws give the same rights as the Federal Fair Housing Law, HUD must first ask the State or local agency to try to resolve the problem.
2. **Go directly to Court** even if you have not filed a complaint with the Secretary. The Court may sometimes be able to give quicker, more effective, relief than conciliation can provide and may also, in certain cases, appoint an attorney for you (without cost).

You Should Also Report All Information about violations of the Fair Housing Act to HUD even though you don't intend to complain or go to court yourself.

Additional Details. If you wish to explain in detail in an attachment what happened, you should consider the following:

1. If you feel that others were treated differently from you, please explain the facts and circumstances.
2. If there were witnesses or others who know what happened, give their names, addresses, and telephone numbers.
3. If you have made this complaint to other government agencies or to the courts, state when and where and explain what happened.

Racial/Ethnic Categories

1. **White (Non Hispanic)**—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. **Black (Non Hispanic)**—A person having origins in any of the black racial groups of Africa.
3. **Hispanic**—A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
4. **American Indian or Alaskan Native**—A person having origins in any of the original peoples of North America, and who maintains, cultural identification through tribal affiliation or community recognition.

5. **Asian or Pacific Islander**—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

You can obtain assistance (a) in learning about the Fair Housing Act, or (b) in filing a complaint at the HUD Regional Offices listed below:

Region I – Boston (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)

HUD - Fair Housing and Equal Opportunity (FHEO)
Boston Federal Office Building, 10 Causeway Street
Boston, Massachusetts 02222-1092

Region II – New York (New Jersey, New York)

HUD - Fair Housing and Equal Opportunity (FHEO)
26 Federal Plaza
New York, New York 10278-0068

Region III – Philadelphia (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)

HUD - Fair Housing and Equal Opportunity (FHEO)
Liberty Square Building, 105 S. 7th Street
Philadelphia, Pennsylvania 19106-3392

Region IV – Atlanta (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Puerto Rico, Virgin Islands)

HUD - Fair Housing and Equal Opportunity (FHEO)
Richard B. Russell Federal Building, 75 Spring Street, S.W.
Atlanta, Georgia 30303-3388

Region V – Chicago (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

HUD - Fair Housing and Equal Opportunity (FHEO)
Ralph H. Metcalfe Federal Building, 77 West Jackson Blvd.
Chicago, Illinois 60604-3507

Region VI – Fort Worth (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

HUD - Fair Housing and Equal Opportunity (FHEO)
1600 Throckmorton, P.O. Box 2905
Forth Worth, Texas 76113-2905

Region VII – Kansas City (Iowa, Kansas, Missouri, Nebraska)

HUD - Fair Housing and Equal Opportunity (FHEO)
Gateway Tower II, 400 State Avenue
Kansas City, Kansas 66101-2406

Region VIII – Denver (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

HUD - Fair Housing and Equal Opportunity (FHEO)
Executive Tower Building, 1405 Curtis Street
Denver, Colorado 80202-2349

Region IX – San Francisco (Arizona, California, Hawaii, Nevada, Guam, American Samoa)

HUD - Fair Housing and Equal Opportunity (FHEO)
450 Golden Gate Avenue
San Francisco, California 94102-3448

Region X – Seattle (Alaska, Idaho, Oregon, Washington)

HUD - Fair Housing and Equal Opportunity (FHEO)
Suite 200 Seattle Federal Building, 909 1st Ave.
Seattle, Washington 98104-1000

Privacy Act of 1974 (P.L. 93-579)

Authority: Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430).

Purpose: The information requested on this form is to be used to investigate and to process housing discrimination complaints.

Use: The information may be disclosed to the United States Department of Justice for its use in the filing of pattern or practice suits of housing discrimination or the prosecution of the person who committed the discrimination where violence is involved; and to state or local fair housing agencies which administer substantially equivalent fair housing laws for complaint processing.

Penalty: Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.

Residential Lease Agreement

Conflicts: If there is actual or perceived conflict between terms and conditions of this Rental Agreement, Owner is granted the sole right to interpret and resolve the conflict to conform to the general intent and common sense reading of the Rental Agreement. Renter agrees to accept any such resolution and be bound by such to the extent allowable by law.

Renewal: This Rental Agreement will renew automatically once the one year term has completed. A written termination notice must be provided by Owner or Renter in writing at least thirty (30) days prior to the date the rental will be terminated by Owner or Renter.

Security Deposit of Funds: The balance of security deposit shall be refunded by Owner within 30 days from the date possession is delivered to Owner, together with a statement itemizing any charges made against such security deposit.

Annual Adjustment to Rent: After the one year term of this rental lease agreement has been reached, rental increases will be determined on an as-needed basis by Owner. A minimum of one month notice will be given.

Lead Paint: Renter acknowledges that building was constructed prior to 1978 and may contain lead paint. Renter acknowledges receipt of the Pamphlet, "Protect Your Family from Lead in Your Home" and understands its contents.

Renter Initial(s) 1[] 2[] 3[] Owner []

Other Specific Terms not listed above:

IN WITNESS WHEREOF, the parties have executed this Rental Agreement on

this 15th day of September, 2017.

Margaret P. Kris
Renter Signature

Margaret P. Kris
Print Name

Renter Signature

Print Name

Renter Signature

Print Name

Frances L. Dusseault
Owner Signature

Frances Dusseault
Print Name

Contact owner by Telephone for any questions or issues:

Verbal or Texting

State your name, address and issue you are referring to.
603-660-8597 Contact 1st or 603-660-8592



37% 10:52 AM

Joanne

CALL

6033455452

retaliation against me with your other tenants in the past few days there have been numerous incidents of my porch having cat food dumped all over it by Tanya who isn't on the lease your extra family upstairs throwing trash in front of my house and people taking my parking spot on a serial basis. Garrett has taken it Tanyas company this week the African families company and tonight Angies tenants company resulting in my call to the police tonight as I couldn't access the driveway or go home your inattention to the problems in this building are the reason your rent is being held in escrow and will continue to be until the matter is resolved please continue to be a slumlord you are making my case much stronger see you in court

10:50 PM



Only 10/20/2018



IN 37% 10:50 AM

Joanne
6033455452

CALL

SMS/MMS

Monday, October 30, 2017

Plumber will be over shortly
to look at toilet. His name is
Tom.

3:20 PM

Tuesday, January 9, 2018

Another piece of the roof
blew off and landed next
to my car the kids are still
playing next to my car too I
have a picture and I made
you aware of both issues
before I will continue to film
everything so if any damage
comes to my vehicle you will
be financially responsible it
is your duty to maintain this
building in the proper fashion
which isnt being done your
attention to this matter is
required immediately

9:59 AM

Thursday, January 11, 2018

Enter message



100% 37% 10:50 AM

< Joanne

6033455452

CALL

I don't know who Chuck is and it isn't my responsibility it's yours you tell him it missed my car by inches and this is the second time I am telling you this and you have yet to do anything to remedy this situation

11:13 PM

I have photos let something happen to my car you will pay for all damages guaranteed

11:14 PM

Sunday, January 28, 2018

We have condoms on the ground in the parking lot there is children in the building someone needs to take care of this I am having issues with the second floor African family having their company taking my parking spot. They already have 2 I only have one they need to be told not to do this the problems in this building need

Enter message

0036608597 11:04 AM

0036608597

CALL

3:20 PM the machine did not keep it up

Drugs bugs subletting
overdose I got plenty see
you in court

And pictures of the roof
missing my car by inches I
have a great name and am not
concerned in the least

Wednesday, January 17, 2018

You have again failed to give
your tenants prior notice of
the plow's arrival for snow
removal I had to give him my
personal phone number for
advanced notice which I am
not entirely comfortable with
I don't know him but because
you fail to give notice I had
to housing will be made
aware of this as well as its
a continuous problem with
every atom

4:54 PM

Enter message



36% 11:03 AM

< 6036608597

CALL



SMS/MMS

Friday, January 12, 2018

Margaret, we have not received your rent and security deposit for the month of January. It is well overdue, so please include the 35.00 late fee. We hav

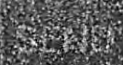
e provided you envelopes with the mailing address for your convenience. All you need to do is put a stamp to mail. Please do not send cash. Send a chëck

, money order or bank check.
Thank you.

12:04 PM

I already mailed it to you before the seventh and have a dated receipt I owe you nothing feel free to take me to court at your own expense I used the rental envelope

Enter message



6036608597

CALL

And I have photos of every-
thing including damages to
this unit that existed when I
moved in I have no plans to
stay as eventually I will see
you in court for Charlene
and your mothers actions
assaulting disabled people is
a serious punishable crime
so therefore I won't be giving
you one dime extra

3:26 PM

Housing in full knowledge of
the situation here the police
report number and how you
operate as slumlords I sug-
gest you leave me alone your
in enough trouble already.
They are also aware of the
drug activity and the building
being under surveillance by
the Manchester PD keep it up

3:29 PM

Drugs bugs subletting
overdoses I got plenty see
you in court

3:30 PM



Enter message



37% 10:50 AM

Joanne
6033455452

CALL

We have condoms on the ground in the parking lot there is children in the building someone needs to take care of this I am having issues with the second floor African family having their company taking my parking spot. They already have 2 I only have one they need to be told not to do this the problems in this building need attention you are responsible Lilys parents moved the other family back in and the noise level is ridiculous so much for not subletting

3:24 PM

Thursday, February 8, 2018

I am withholding my rent until you address the matter with the second floor middle apartment having their subtleties block the driveway which they have no right to as well as allowing their children

Enter message



Joanne

6033455452

CALL

I have also made you aware of drug activity in the building Tanya has overdosed more than once she isn't on the lease yet resides next door and already had bed bugs and heavy traffic for drug activity which you also refuse to address the bug man checked one trap with a flashlight for 2 seconds and left that is hardly an adequate inspection. You were supposed to give me the bug disclosure before I moved in not weeks after you also lied about your mother getting my electric assistance I specifically told you in case I move I want to pay it myself so I can keep my assistance I have now lost my assistance due to you lying to me and putting it in your name I can't wait to go to court and show the judge how you operate please feel free to evict me



Enter message





37% 10:52 AM



Joanne

CALL



6033455452

Saturday, March 3, 2018

I will be picking up a copy of tonight's complaint at the police station Monday morning. It seems that you have started a campaign of retaliation against me with your other tenants in the past few days there have been numerous incidents of my porch having cat food dumped all over it by Tanya who isn't on the lease your extra family upstairs throwing trash in front of my house and people taking my parking spot on a serial basis. Garrett has taken it Tanyas company this week the African families company and tonight Angies tenants company resulting in my call to the police tonight as I couldn't access the driveway or go home your inattention to the problems in this building are the reason your



Enter message



Joanne

6033455452

CALL

retaliation against me with
your other tenants in the past
few days there have been nu-
merous incidents of my porch
having cat food dumped all
over it by Tanya who isn't on
the lease your extra family
upstairs throwing trash in
front of my house and people
taking my parking spot on a
serial basis. Garrett has taken
it Tanyas company this week
the African families company
and tonight Angies tenants
company resulting in my
call to the police tonight as I
couldn't access the driveway
or go home your inattention
to the problems in this
building are the reason your
rent is being held in escrow
and will continue to be until
the matter is resolved please
continue to be a slumlord you
are making my case much
stronger see you in court

10:50 PM

Enter message



Friday, April 6, 2018

My appeal was filed today and rent was paid to the court so I will be staying in my apartment until the supreme court makes a decision your attorney will recieve a copy of the appeal cerified mail on Monday. You don't get to put disabled people in the street for expecting you to maintain your property and follow housing procedures.

6:08 PM

Thursday, April 12, 2018

The pest control people are at the house today I just notified housing no one has permission to enter my apartment without 24 hours notice per housing policy which I didn't recieve so you don't have

The plow just left at 1223 in the afternoon again he came with no prior notice to tenants it's pretty sad that I have to call housing to get the plow here when snow removal is part of my lease agreement

12:25 PM

Friday, March 30, 2018

I dropped off an extention request for the court with your attorney as I plan on appealing the judges decision. I have also filed a formal complaint with the housing and urban development office. You misrepresented yourself in court and I sent all my evidence to the Boston office. Go ahead and try to put me out now. I came to court with all the rent money you should have taken it. You don't get



THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

9th Circuit - District Division - Manchester

Name: Dusseault Family Revocable Trust of 2017 vs Margaret Kris Et Al
Case Number: (if known) 456-2018-LT- 234

LANDLORD AND TENANT WRIT

Plaintiff Dusseault Family Revocable Trust of 2017
45 Lynchville Park
Street Address/P.O. Box*
Goffstown, NH 03045
City, State, Zip

Defendant Margaret Kris Et Al
102 Putnam Street 1st Fl Middle
Street Address Manchester, NH 03102
City, State, Zip

*In using a P.O. Box instead of an address I hereby certify that this action is brought in the jurisdiction where either the Plaintiff or Defendant lives or the real property is located.

Signature [Signature] Attorney for Plaintiff

To the Sheriff or Deputy Sheriff of any County:

WE COMMAND YOU TO SUMMON:

of Manchester

in the county of Hillsborough

if found in your precinct, to file an Appearance form at the 9th Circuit, District Division
court at Manchester in said county of Hillsborough

on or before the **RETURN DAY** of March 14 2018 to answer Plaintiff(s).

In a plea wherein the Plaintiff(s) complain that on the date of this Writ they are entitled to possession of premises situated at 102 Putnam Street 1st Fl Middle, Manchester, NH 03102

with the appurtenances, now occupied by the Defendant(s), and that the said Defendant(s)

on Feb 21, 2018 were duly notified in writing by the said Plaintiff(s) to quit and deliver up

possession of the same on March 1, 2018 yet said Defendant(s) have continued and still are in possession of said premises without right.

☐ This is also a claim for unpaid rent in the amount of \$ _____. If making a claim for unpaid rent, Affidavit of damages & statement of claim form must accompany this writ. Claims for unpaid rent may be governed by the Federal Fair Debt Collection Act (15 U.S.C. sec. 1691 et seq.) requiring that this writ be filed in the jurisdiction where the defendant resides or where the contract was signed. Any decision rendered by the court related to a money judgment, shall be limited to a maximum of \$1,500.00 and shall not preclude either party from making a subsequent claim in a court of competent jurisdiction to recover any additional amounts not covered by the \$1,500.00 judgment.

Witness Edwin W. Kelly, Administrative Judge, New Hampshire Circuit Court

COURT ORIGINAL

Page 1 of 3

NHJB-2333-DP (07/01/2017)

Page 2 of 3

Witness
True Copy Atest

In Hand

[Signature] 417

9th Circuit Court - Manchester District
 Dusseault Family Revocable Trust of 2017
 vs Margaret Kris Et Al
 456-2018-LT-

Number: _____
 LANDLORD AND TENANT WRIT

IMPORTANT NOTICE

If you desire to be heard on the matters raised in these papers, you must notify the Court by filing an appearance form with the Clerk of Court on or before the date specified on this writ next to the words "RETURN DAY". (These forms are available at the Clerk's Office or online at <https://www.courts.state.nh.us/forms/nhjb-2391-df.pdf>) Once you have filed your appearance, a date for a hearing will be set by the court and you will be notified by mail. You do not have to physically appear in court on the RETURN DAY since there will be no hearing on that day. If the landlord claims unpaid rent and if you file a claim or counterclaim which offsets or reduces the amount owed to the landlord, you must file the claim or counterclaim on or before the RETURN DAY shown on this Landlord and Tenant Writ. Space is provided on the appearance form for making the claim or counterclaim or you may attach a separate sheet. IF YOU DO NOT FILE AN APPEARANCE FORM, IT WILL BE ASSUMED YOU DO NOT WISH TO CONTEST THE ACTION, A DEFAULT JUDGMENT WILL BE ENTERED AGAINST YOU, WHICH MAY INCLUDE ANY UNPAID RENT CLAIMED BY THE LANDLORD, AND A WRIT OF POSSESSION MAY ISSUE.

ENDORSED BY _____

Signature _____

Sean E. Curran, NHBA#8771
 Attorney for Plaintiff
 P.O. Box 3043
 Manchester, NH 03105
 (603) 644-1060

Phone _____

Mary A. Barton
 Clerk of Court

INFORMATION FOR TENANT

If the tenant wishes to contest the eviction, an appearance form must be filed by the tenant in the court no later than the return day appearing on this Landlord and Tenant Writ.

The tenant shall not be evicted unless the court so orders. However, such an order may be granted if the tenant does not file an appearance.

At the time the tenant files an appearance, a request may be made that the court make a sound recording of the eviction hearing.

If this case is based on any reason except non-payment of rent, the tenant has a right to have the case heard in the court for the city or town in which the tenant lives. If the eviction is based on non-payment of rent, the tenant has a right to request that the hearing be transferred to the court for the city or town in which the tenant lives. Any tenant wishing to have the hearing transferred should file a motion for a change of venue in the court in which this case was originally filed.

If the tenant wishes to appeal the court's decision to the New Hampshire Supreme Court, the following procedure must be followed:

1. Notice of Intent to Appeal form must be filed with the court within 7 days of the notice of the court's decision; and
2. Notice of Appeal to the Supreme Court must be filed within 30 days of the notice of the court's decision; and
3. Pay all rent, as it comes due, between the date of the Notice of Intent to Appeal the court's decision and the final disposition of the appeal.

Office of the Sheriff

Date: 3-5-18 Time: 1:07 A.

6570

Memorandum In Hand
 True Copy Ahest

STATE OF NEW HAMPSHIRE
HILLSBOROUGH COUNTY, 9th Circuit, District Division, Manchester Court

Dusseault Family Revocable Trust of 2017

V


Margaret Kris Et Al

AFFIDAVIT AS TO MILITARY SERVICE

NOW COMES Sean Curran, Attorney for Plaintiff, and states that:

1. I am the Attorney for the Plaintiff(s) in this matter and am familiar with the facts and circumstances in this matter;
2. Defendant(s), named in the caption above, is not / are not in the military or other service of the United States included in the provisions of the Soldiers' and Sailors' Civil Relief Act of 1940 but reside(s) at:
102 Putnam Street 1st Fl Middle, Manchester, NH 03102;
3. Plaintiff's file in this matter does not indicate that defendant(s) is / are engaged in military service.


March 2, 2018



Sean E. Curran, Plaintiff's attorney
P.O. Box 3043, Manchester, NH 03105
(603) 644-1060 NHBA#8771

I hereby certify that a copy of this document
was forwarded to defendant(s)

March 2, 2018



Sean E. Curran, Plaintiff's attorney
P.O. Box 3043, Manchester, NH 03105
(603) 644-1060 NHBA#8771

STATE OF NEW HAMPSHIRE
HILLSBOROUGH COUNTY, 9th Circuit, District Division, Manchester Court
Dusseault Family Revocable Trust of 2017
V
Margaret Kris Et Al

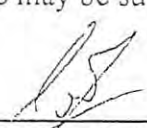
AFFIDAVIT AS TO OWNERSHIP / TENANCY

NOW COMES Sean Curran, Attorney for Plaintiff, and states that:

1. I hereby certify that the owner of the property in the above entitled action is:
Dusseault Family Revocable Trust of 2017
45 Lynchville Park
Goffstown, NH 03045
2. The real estate which is subject of this eviction is rented for:
() 1. Non-residential purposes.
(X) 2. Residential purposes and contains one of the following kinds of real estate:
() A. A single family house where the owner of such house does not own more than three single-family houses at any one time.
() B. A rental unit in an owner occupied building containing a total of four dwelling units or fewer.
() C. A rental unit in a vacation or recreational building, not rented for vacation or recreational purposes.
() D. A single family house acquired by banks or other mortgagees through foreclosure.
(X) E. Other residential purposes.
3. The rent is \$ 1,266.00/mo

I understand that if this certificate is incorrect, this case may be summarily dismissed.


March 2, 2018



Sean E. Curran, Plaintiff's attorney
P.O. Box 3043, Manchester, NH 03105
(603) 644-1060 NHBA#8771

I hereby certify that a copy of this document
was forwarded to defendant(s)

March 2, 2018



Sean E. Curran, Plaintiff's attorney
P.O. Box 3043, Manchester, NH 03105
(603) 644-1060 NHBA#8771

NHJB-2107-DP (03/01/2016)

LANDLORD/TENANT ACTION FOR NON-PAYMENT OF RENT APPEAL INFORMATION

THE JUDGMENT IN A LANDLORD/TENANT ACTION FOR NON-PAYMENT OF RENT MAY BE APPEALED ON QUESTIONS OF LAW TO THE SUPREME COURT BY EITHER PARTY. PLEASE NOTE THE FOLLOWING:

A. Within seven calendar days of the date of THE NOTICE OF JUDGMENT, the party appealing must file with the Circuit Court a NOTICE OF INTENT TO APPEAL TO THE SUPREME COURT (NHJB-2085-D). Post trial motions will not extend the seven-day period to file the NOTICE OF INTENT TO APPEAL (NHJB-2085-DP).

B. If the tenant is the party appealing, at the time of filing the NOTICE OF INTENT TO APPEAL (NHJB-2085-DP) the tenant shall pay into Circuit Court one week's rent as determined by the court pursuant to RSA 540:14, I.

C. Within 30 days of the NOTICE OF JUDGMENT, the party appealing must file a NOTICE OF APPEAL with the Supreme Court. Forms may be obtained from the Circuit or Supreme Court clerk's office.

D. If the tenant is the appealing party, during the time that the appeal is pending, rent is payable weekly to the District Division to be held in escrow, and is due on the same day of the week on which the NOTICE OF INTENT TO APPEAL (NHJB-2085-DP) was filed. If any such day is a day on which the clerk's office is not open for business, then the payment is due on the next day the clerk's office is open.

E. If rent is not paid by any due date, the court shall immediately mail a NOTICE OF DEFAULT to the tenant and issue a WRIT OF POSSESSION to the landlord.

F. The WRIT OF POSSESSION shall be recalled and the appeal reinstated if the tenant pays, prior to the service of the writ by the sheriff, the entire amount of rent due since the filing of the NOTICE OF INTENT TO APPEAL (NHJB-2085-DP).

G. Unless the appeal is reinstated, the Circuit Court shall vacate the appeal and award the landlord the rent money that has been paid into the court.

H. When the final decision on appeal is rendered by the Supreme Court, the money paid into the Circuit Court shall be apportioned between the landlord and tenant based on the amount of rent that is found to be due and owing as a result of the appeal.

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
NH CIRCUIT COURT**

Telephone: 1-855-212-1234
TTY/TDD Relay: (800) 735-2964
<http://www.courts.state.nh.us>

Circuit - District Division - Manchester
35 Amherst Street
Manchester NH 03101

NOTICE OF HEARING

**MARGARET KRIS
102 PUTNAM ST 1ST FLOOR MIDDLE
MANCHESTER NH 03102**

Case Name: **Dusseault Family Revocable Trust of 2017 v. Margaret Kris, et al**
Case Number: **456-2018-LT-00234**

The above referenced case(s) has/have been scheduled for:
Hearing on the Merits

Date: March 23, 2018 **35 Amherst Street**
Time: 8:30 AM **Manchester, NH 03101**
 Courtroom 202-9th Circuit-District Division-Manchester

If you are unable to appear at this scheduled hearing, you must request a continuance from the Court in writing at least 10 days in advance of the hearing date. You must also send a copy of the request to the opposing party. Motions to continue filed fewer than 10 days in advance of hearing will only be granted if the Court finds that an emergency or exceptional circumstance exists. You must appear on the scheduled date unless you receive notification from the Court that a request to continue the hearing has been granted.

If this case involves a claim for back rent, and the tenant fails to appear for the hearing, the court may decide the case and award money damages even though the tenant did not attend the hearing.

Multiple cases are scheduled at this time. Please notify the court 15 days prior to the hearing date above if the hearing is expected to last longer than 30 minutes.

NOTICE OF APPELLATE RIGHTS

The party who receives an adverse decision in the District Division/Probate Division has the right to appeal the decision by filing an appeal with the New Hampshire Supreme Court. This is an appeal only on questions of law. In other words, the Supreme Court will not consider questions of fact already decided by the District Division/Probate Division. The appeal must be filed with the Supreme Court within 30 days of the date of the District Division's/Probate Division's written notice of the decision. The party appealing must also notify the District Division/Probate Division of the intent to appeal within 7 days of the Notice of Judgment by filing a Notice of Intent to Appeal with the District Division/Probate Division. If the party appealing is the tenant, the tenant may be required to deposit money with the District Division/Probate Division at that time.

If you will need an interpreter or other accommodations for this hearing, please contact the court immediately. Please be advised (and/or advise clients, witnesses, and others) that it is a Class B felony to carry a firearm or other deadly weapon as defined in RSA 625.11, V in a courtroom or area used by a court.

March 07, 2018

Mary A. Barton
Clerk of Court

(436)

C: Sean E. Curran, ESQ

A 128471 D 030818
T 1635 22
176665369076 L 033202

\$330.00

NOT GOOD OVER \$500

PAY EXACTLY THREE HUNDRED THIRTY DOLLARS AND NO CENTS

PAY TO THE
ORDER OF

Frances Dussault

102

Putnam Street

Margaret L. Hiss
PURCHASER'S SIGNATURE
PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE

⑈102100400⑈ 40176665369076⑈

MONEY ORDER RECEIPT - NON NEGOTIABLE

AGT 128471 LOC 033202 DT 030818 \$330.00 3HUNDRED30DOLLARS AND NO CENTS

Payable to:
RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) You provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Englewood, Colorado. For customer service, call 1-800-999-9660.



LOAD THIS DIRECTION, THIS SIDE UP

Valid Money Order includes: 1. Heat sensitive, red stop sign AND 2. Contains a True Watermark hold up to light to view.

MoneyGram

INTERNATIONAL MONEY ORDER 86-188 1031

02/03/2013

To Validate: Touch the stop sign, then watch it fade and reappear

20776438387
MONEY ORDER - WM

PAY TO THE ORDER OF: Frances Dussault

IMPORTANT - SEE BACK BEFORE CASHING

PAY EXACTLY THREE HUNDRED THIRTY DOLLARS AND NO CENTS *****

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS: 102 Putnam St

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

Payable Through BOKF, NA Enid, OK

60526169818698
1752900034227387

MoneyGram

R207764383871

EMPLOYEE 698 (12/12) 500/5000 M 76780-Y

KEEP A COPY OF THIS ST FOR YOUR RECORDS/ MANTENGA UNA COPIA ESTE RECIBO PARA SUS ARC

⑈1031018664⑈ 2077 64383871⑈ 90

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Name: _____
 Case Number: _____
 (if known)

Hillsborough Superior Court Northern Dist
Margaret Rnis vs Frances & Charlene Dusseult

COMPLAINT

Requested: ☒ Jury Trial (as allowed by law) ☐ Bench Trial

- Plaintiff's Name Margaret Rnis E-mail Address magznkidz@gmail.com
 Residence Address 102 Putnam Street fl mld apt Manchester, NH 03102
 Mailing Address (if different) P.O. Box 10023 Bedford, NH 03110
 Telephone Number (Home) _____ (Work) _____ (Mobile) (603) 858-32
- Defendant's Name Frances and Charlene Dusseult
 Residence Address 616 Mast Road Manchester NH 0310
 Mailing Address (if different) _____

3. First thing that happened (in one sentence):

Without giving 24 hours prior notice Charlene and Frances Dusseult came to my home angry because I reported them to the housing

4. Second thing that happened (in one sentence):

Upon entering my home they both Charlene and Frances began to verbally assault me and admonish me for reporting them.

5. Third thing that happened (in one sentence):

When I went to put my cup in the sink where Frances Dusseult was standing she dug her nails in my arm and pushed it out of

Continue on using separately numbered paragraphs (attach additional sheets if necessary).

They both continued to verbally assault me. I then asked them to leave my apartment called the Manchester Police and the housing authority. I have been harassed by other tenants as well as stalked and filmed by Charlene and an unidentified woman.

Hillsborough Superior Court Northern DistrictPLAINT FOR RESTRAINING ORDER

For the reasons stated in this Complaint, I request that the Court issue the following orders:

- ☒ An ex-parte restraining order against the defendant.

Describe why it is important for the Court to issue an order before the defendant has an opportunity to be heard in this matter.

There is a police report regarding the assault and I am also in the appeals process from a retaliatory eviction in the Supreme court in Concord New Hampshire

B. Describe the orders you want the Court to make:

1. ☒ Restrain the defendant from threatening, harassing or intimidating me, or interfering with my liberty.
2. ☒ Restrain the defendant from having any contact with me, whether in person or through third persons, including but not limited to contact by telephone, letters, fax, texting, social media, e-mail, the sending or delivery of gifts or any other method, unless specifically authorized by the court.
3. ☒ Restrain the defendant from appearing in proximity to my residence, place of employment or school, or appearing at any other place where I may be.
4. ☒ Restrain the defendant from entering in or on the premises (including curtilage) where I reside, except with a peace officer for the purpose of removing defendant's personal possessions.
5. ☒ Restrain the defendant from taking, converting or damaging property in which I have a legal or equitable interest.
6. ☒ Other relief:

Because they are my current landlord I wish all further communication be done through the housing Authority on Hanover Street in Manchester they have a contra

C. All other relief the Court deems fair and just.

I affirm that the foregoing information is true and correct to the best of my knowledge.

Date

4/26/18

Signature of Plaintiff

(If requesting an ex parte order, the Plaintiff must sign the Complaint in the presence of a notarial officer)

Margaret Hiss

State of New Hampshire County of Hillsborough

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____
Affix Seal, if any

Signature of Notarial Officer / Title

Signature of Attorney

Attorney's Address

Attorney's Printed Name

NH Bar Number

THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

<http://www.courts.state.nh.us>

Name: _____
 Case Name: _____
 Case Number: _____
 (if known)

Hillsborough Superior Court Northern Dist
 Margaret Rms vs Frances & Charlene Dusseult

COMPLAINT

Requested: ☒ Jury Trial (as allowed by law) ☐ Bench Trial

- Plaintiff's Name Margaret Rms E-mail Address magznkidz@gmail.com
 Residence Address 102 Putnam Street fl mld apt Manchester, NH 03102
 Mailing Address (if different) P.O. Box 10023 Bedford, NH 03110
 Telephone Number (Home) _____ (Work) _____ (Mobile) (603) 858-36
- Defendant's Name Frances and Charlene Dusseult
 Residence Address 616 Mast Road Manchester NH 0310
 Mailing Address (if different) _____

3. First thing that happened (in one sentence):

Without giving 24 hours prior notice Charlene and Frances Dusseult came to my home angry because I reported them to the housing authority.

4. Second thing that happened (in one sentence):

Upon entering my home they both Charlene and Frances began to verbally assault me and admonish me for reporting them.

5. Third thing that happened (in one sentence):

When I went to put my cup in the sink where Frances Dusseult was standing she dug her nails in my arm and pushed me out of the way.

Continue on using separately numbered paragraphs (attach additional sheets if necessary).

They both continued to verbally assault me. I then asked them to leave my apartment called the Manchester Police and the housing authority. I have been harassed by other tenants as well as stalked and filmed by Charlene and an unidentified woman.

Reasons stated in this Complaint, I request that the Court issue the following orders:

Describe the orders you want the Court to make:

That the individuals refrain from filming me coming to my home or calling me. I prefer all communication be done through the housing authority whom they have a contract with.

B. All other relief the Court deems fair and just.

Date

4/26/18

Signature of Plaintiff or Plaintiff's Attorney

Margaret (this)

Attorney's Printed Name

Attorney's Address

NH Bar Number

INFORMATION CONCERNING REQUESTS FOR "EX PARTE" RELIEF

Litigants should be advised that ex parte relief is extraordinary. A fundamental premise of our judicial system is that all parties to a case be given the opportunity to present their position in Court. In other words, the Court is extremely reluctant to issue any order that affects an individual without that person having the chance to tell their side of the story to the judge.

For the Court to issue an order ex parte, or without notice to the other side, the situation must be serious enough to warrant it. There must be irreparable harm. The pleading must convince the judge that unless this extraordinary order is issued, some harm will come to the petitioner that cannot be remedied. This means an immediate threat of physical violence or harm, removing a person or property out of the jurisdiction or similar circumstance. Litigants should be prepared to swear under oath that the facts which they allege are true and justify the issuance of such an extraordinary order.

Litigants should also be told that if an ex parte order is issued, the person against whom it runs will usually be given a hearing in a very few days.

DATE

4/26/18

SIGNATURE

Magaret Kins

THE STATE OF NEW HAMPSHIRE
SUPREME COURT

Trial Court: Supreme Court

Docket No.: 456-2018-LT-006

Dusseault Family Revocable Trust 2017

v.

Margaret Kris

Motion for Waiver of the Filing Fee

NOW COMES the plaintiff/defendant, Margaret Kris, and moves this Honorable Court to waive the entry fee in the above-captioned matter.

In support of this motion, it is stated as follows:

1. I have Social Security Disability
as my only income
2. I qualify for low income housing
which pertains to this case
3. Trying to keep a roof over my head
extra court costs present a financial
burden

WHEREFORE, for the above-stated reasons, it is respectfully requested that this Honorable Court waive the entry fee in this appeal.

Respectfully submitted,

Margaret Kris
Name

Copies: Trial Court
Opposing Counsel

14. Please state your **monthly** household expenses:

Rent/Mortgage \$ 330.00
 Property Taxes \$ _____
 Heat \$ _____
 Food \$ 100.00
 Utilities \$ _____
 Medical/Dental \$ _____
 Insurance \$ 58.00

Clothing \$ _____
 Transportation \$ 80.00
 (including gas, maintenance, insurance, etc.)

Other \$ 50.00
 (specify): Court records
registered

TOTAL \$ 648.00

15. List any real estate you own, its market value and the amount you owe:

N/A

16. List any vehicles you own (car, truck, motorcycle, snowmobile, RV), their market value and the amount you owe:

2006 KIA SPECTRA Paid in full 1,900

17. List income tax paid last year:

18. List income tax refund received last year:

N/A

19. Other than monthly household expenses, list any bills you owe, amount owed, to whom, and monthly payments:

Manchester Mental Health 400 Manchester Urology:

20. Other than those previously mentioned, list anyone to whom you owe money, amount and when it is due:

82.50 per week for rent to Manchester Distric

21. List court-ordered bills (i.e., alimony, judgment in law suit, etc.):

N/A

22. If anyone owes you money, state name, address, amount due, and when due:

N/A

23. List any property you have transferred within the last three years, to whom and for what price:

N/A

24. List any other assets or expenses not previously mentioned:

605. Dollars SSDI benefits to my daughters father

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTION ABOVE, ATTACH A SHEET OF PAPER TO THIS FORM AND PROVIDE THE ADDITIONAL INFORMATION ON IT.

I swear the foregoing information and any information provided by me on any attached sheets is true and correct to the best of my knowledge under penalties of law.

4/23/18
 Date

Margaret Kris
 Signature

(The following section must be completed only by inmates.)

I swear under oath that this civil claim has not been previously brought against the same parties or from the same operative facts in any state or federal court. I further swear that the foregoing information and any information provided by me on any attached sheets is true and correct to the best of my knowledge under penalties of law.

Date

Signature

Subscribed and sworn by appellant, before me.

Rent/Mortgage
 Property Taxes
 Heat
 Food
 Utilities
 Medical/Dental
 Insurance

\$ 50.00
 \$
 \$
 \$ 100.00
 \$
 \$
 \$ 58.00

Clothing \$ 0.00
 Transportation \$ 80.00
 (including gas, maintenance, insurance, repairs)

Other \$ 50.00 copies of
 (specify): court records copying
 registered mail

TOTAL \$ 648.00

15. List any real estate you own, its market value and the amount you owe:

N/A

16. List any vehicles you own (car, truck, motorcycle, snowmobile, RV), their market value and the amount you owe:

2006 KIA SPECTRA Paid in full 1,900

17. List income tax paid last year:

N/A

18. List income tax refund received last year:

N/A

19. Other than monthly household expenses, list any bills you owe, amount owed, to whom, and monthly payments:

Manchester Mental Health 400 Manchester Urology:

20. Other than those previously mentioned, list anyone to whom you owe money, amount and when it is due:

82.50 per week for rent to Manchester District

21. List court-ordered bills (i.e., alimony, judgment in law suit, etc.):

N/A

22. If anyone owes you money, state name, address, amount due, and when due:

N/A

23. List any property you have transferred within the last three years, to whom and for what price:

N/A

24. List any other assets or expenses not previously mentioned:

605. Dollars SSDI benefits to my daughters father

IF YOU NEED ADDITIONAL SPACE TO ANSWER ANY QUESTION ABOVE, ATTACH A SHEET OF PAPER TO THIS FORM AND PROVIDE THE ADDITIONAL INFORMATION ON IT.

I swear the foregoing information and any information provided by me on any attached sheets is true and correct to the best of my knowledge under penalties of law.

4/23/18

Date

Margaret Kris

Signature

(The following section must be completed only by inmates.)

I swear under oath that this civil claim has not been previously brought against the same parties or from the same operative facts in any state or federal court. I further swear that the foregoing information and any information provided by me on any attached sheets is true and correct to the best of my knowledge under penalties of law.

Date

Signature

Subscribed and sworn by appellant, before me.

Date

Notary Public

SOCIAL SECURITY ADMINISTRATION

Date: December 20, 2017
Claim Number: XXX-XX-9790A
XXX-XX-9790DI

MARGARET P KRIS
102 PUTNAM ST
MANCHESTER NH 03102-3939

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2017, the full monthly Social Security benefit before any deductions is.....\$ 1238.20

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1238.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning February 1994, the current Supplemental Security Income payment is.....\$ 0.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Payments were stopped beginning June 1994.

Medicare Information

You are entitled to hospital insurance under Medicare beginning August 1993.

Social Security Benefit Information

are entitled to monthly disability benefits.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-814-5408. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

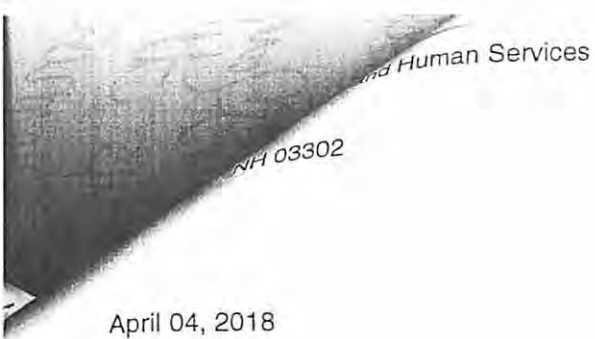
SOCIAL SECURITY
SUITE 201
1100 ELM ST
MANCHESTER, NH 03101

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

OFFICE MANAGER

Social Security Administration
1100 Elm St, Suite 201
Manchester, NH 03101

Margaret Kris am writing to inform
 that Roland Houk has moved to
 Emmette Indiana with Brandilee despite
 the fact that we are in custody litigation
 and have a court date January 29, 2018 at
 Manchester District court family division
 without notice to the court, myself, or
 my former attorney which is illegal.
 He hasn't provided a financial affidavit
 to the court or myself since 2005 collecting
 \$65.00 monthly from the Social Security
 administrator. This is fraud as he
 is a long distance truck driver making
 good money and has purchased 3
 homes in the last ten years. The
 last home is valued at \$180,000 a four
 bedroom single family. My parental
 rights were never terminated
 therefore paying support is supposed
 to allow me parental liberties which
 are being denied to me by Roland
 and his choice to go out of state
 with our child. I am formally re-
 questing an audit investigation
 for fraud for his failure to update
 his financial information. Immediate
 attention is requested. Thank you.



NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

April 04, 2018

MARGARET KRIS
102 PUTNAM ST UNIT 1
MANCHESTER NH 03102

Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.

IT'S TIME TO COMPLETE YOUR REDETERMINATION APPLICATION FOR THE PROGRAMS LISTED BELOW.

Program(s):

Name	Medical Coverage
Margaret Kris	Specified Low Income Medicare Beneficiary

YOU HAVE A NH EASY GATEWAY TO SERVICES ACCOUNT. BECAUSE OF THIS, YOU WILL BE ABLE TO COMPLETE YOUR REDETERMINATION APPLICATION ONLINE!

All you have to do is:

- Go to <https://nheasy.nh.gov> and sign in to your NH EASY account.
- You will be brought to the 'At A Glance' page; select the 'Redetermination' button to get started. It's that simple!

The online process is easy, fast, and private! But don't wait!

You must complete your Redetermination Application by 05/15/2018.

Failure to complete your Redetermination Application by this date will mean that your case will close and your benefits will end.

Proofs You Need to Send Us

Although you will be completing your Redetermination Application online, we still need proof from you to help us figure out your continued eligibility. The box below tells you what proofs we need to have and for which individuals in your case. You need to send us all needed proofs by the date above. Proofs can also be uploaded to your NH EASY Gateway to Services account.

If we do not get these proofs by the date above or you do not complete your Redetermination Application by that date, your case will close and your benefits will

already completed the online Redetermination Application, please ignore

Important! Even if there is no box below, check the Redetermination Application online. If you have any of the items listed in the Redetermination Application that are not included in the box below, you will need to give us proof.

Send Proof of:	For These Individuals:
Social Security	Margaret Kris
Cash Resource	Margaret Kris
Car	Margaret Kris
Residence/Shelter Expenses	Margaret Kris

Be sure to send copies of these proofs to us by the date above!

Call your worker immediately if you get or expect to get a one-time-only cash payment of any kind. Examples of one-time-only cash payment include: back benefits from Social Security, Unemployment, or other benefit programs, settlements from insurance, court, or appeals, inheritances and lottery winnings. You must tell your worker each time you get a lump sum payment. **DO NOT SPEND** the money until your worker tells you how your cash benefits, medical assistance, or Food Stamp benefits will be changed.

If you do not want to keep getting any of the benefits you are getting now, let your District Office know.

The Redetermination Application tells you important information about your rights. Please read this information carefully. If you have any questions, please call your District Office.

Thank you for your cooperation.

NH Welfare Department
 Manchester, NH 03101-1350
 603-624-6484 Fax: 603-624-6423
 manchesternh.gov

Page 1 of 2

CLIENT COPY

NOTICE OF APPLICATION/CONTACT

NAME: Margaret Kris

DATE: 4/19/18

ADDRESS: 102 Putnam St

WORKER: Mark

Your application will be processed once you complete it and return for an intake interview. The application must be thoroughly completed and signed by all adult applicants. All adults must be present for intake unless verifiable good cause prohibits attendance. When you return, provide the completed application and the documentation listed on the Application Information Sheet. You may be asked to return another day if you are not in an emergency situation. Intake interviews are processed on a first come basis. Should you require an intake appointment, contact this office to make arrangements.

PROOF OF ALL HOUSEHOLD INCOME AND FINANCIAL RESOURCES MUST BE PROVIDED TO THIS OFFICE AND BE USED FOR BASIC NEEDS ONLY. Basic needs are: rent, food (minus Food Stamp allotment), cleaning and personal hygiene items, utilities, prescriptions, diapers, and gas for a vehicle (when vehicle is used for medical and work purposes only). Documented child care costs and court ordered child support payments may be considered. Any income or financial resources that are used for basic needs must be accounted for with legitimate dated receipts and provided at each appointment. Non-basic needs include: credit card payments, rent-to-own items, phones, cable/satellite TV, Internet service, repayment of personal loans, payment of traffic citations, bail, court fines and court ordered restitution. These cited examples are not all inclusive of non-basic needs. Any income or financial resources that are used for non-basic needs and/or that are unaccounted for will be considered available when determining eligibility and/or will be grounds for suspension of assistance.

You are:

- ☐ referred to use your own resources to meet your immediate basic needs.
- ☒ asked to return any weekday at 8:00 a.m. or 1:00 p.m.
- ☐ asked to return for intake processing on _____
- ☐ given an appointment to return on _____ at _____ with _____
- Failure to keep this appointment will result in your being required to go through the normal intake process.
- ☐ referred to NH Health & Human Services, 1050 Perimeter Road, Suite 501, 668-2330 to apply for:
- ☐ TANF ☐ Food Stamps ☐ APTD ☐ Medical ☐ Title XX Child Care ☐ Emergency Assistance
- ☐ referred to Southern New Hampshire Services, 160 Silver Street, 647-4470 for:
- ☐ Fuel Assistance ☐ WIC ☐ Energy Assistance Program ☐ Neighbor Helping Neighbor
- ☒ referred to The Way Home, 214 Spruce St., 627-3491 for security deposit assistance.
- ☐ referred to NH Employment Security, 300 Hanover St., 627-7841, to work register and apply for benefits.
- ☐ referred to New Horizons, 199 Manchester St., 668-1877 for: ☐ Shelter ☐ Soup Kitchen at 4:30 PM
- ☐ Food Pantry (Monday, Wednesday, Friday Noon – 1 PM, Thursday 6 PM – 7 PM)
- ☐ referred to another agency for _____
- ☐ being issued a voucher for ☐ _____ ☐ _____
- ☐ being provided with provisions from this office.

OTHER:

You have come in today requesting assistance with rent at a new location and moving costs. City Welfare does not assist with moving costs or storage units. You report that you are facing eviction at your current location and the court will issue a writ of possession if you do not file an appeal by 4/23/18. You report that LARC has looked at your case and believes that you will not win an appeal. You are referred to immediately contact Julie Davis ESG Specialist at Southern New Hampshire Services, 647-5480 ext 6214 to apply for any rapid rehousing assistance you may qualify for. You are also referred to apply for security deposit assistance through The Way Home as listed above.

er, NH Welfare Department
 Manchester, NH 03101-1350
 603-624-6484 Fax: 603-624-6423
 www.manchesternh.gov

Page 2 of 2

NOTICE OF APPLICATION/CONTACT (continued)

NAME: Margaret Kris

DATE: 4/19/18

OTHER: (continued):

You report that you have an unfulfilled money order made out to your landlord and that you need to contact the money order company to get your money reimbursed. You are referred to diligently seek housing that will be affordable based upon your income. Should you find new housing and do not have the money for initial rent return to this office any day M-F as listed above to apply for assistance. This office is providing you with an application today and a sheet explaining the information you will need to provide should you need to return. City Welfare verifies all information when determining eligibility.

Your next appointment is on _____ at _____ with _____

Date

Applicant's Signature



**City Of Manchester
Welfare Department**

1528 Elm Street, Manchester, NH 03101
Phone (603) 624-6484 Fax (603) 628-6179
Email: welfare@manchesternh.gov

APPLICATION INFORMATION

Provide the following information when you come in to apply. This information is requested of all adult household members.

1. **Proof of Identification** for all household members, such as: driver's license(s), non-driver's license(s), Social Security card(s), birth certificate(s), and immigration documentation if applicable.
2. **Proof of Income and Benefits** from any source for all household members, such as: current pay stubs for the last four (4) weeks immediately prior to the date of your application. Bring proof of the following listed benefits: TANF, food stamps, child support, Social Security (SSI/SSD), unemployment benefits and/or Workers' Compensation benefits, copy of current IRS 1040 form. If there is a payee for any benefit program, provide the payee's name and a verifiable daytime phone number.
3. **Proof of Residency** such as: current rent receipts, eviction papers, a copy of the rental agreement or lease, and a verifiable daytime phone number for the landlord / property owner.
4. **Proof of Expenses** such as: rent, utilities, childcare, medical or any other verifiable documentation of household bills
5. **Proof of Assets and Cash Resources** for all household members, such as: cash available, current printout of all bank and /or credit union accounts, retirement funds, 401K(s), life insurance policies, annuities, etc.
6. **Proof of Personal or Real Property** for all household members, such as: registrations for all on and off road vehicles, property deed(s), etc.
7. **Current physician's statement for** any household member who is unable to work or able to work in a limited capacity.
8. **Proof of all current and pending insurance claims, civil judgements, settlements, retroactive disability claims, inheritances, or any expected lump sum payments or benefits.**